



BUSINESS LICENSE COMMISSION

COUNTY OF LOS ANGELES

374 KENNETH HAHN HALL OF ADMINISTRATION

500 WEST TEMPLE STREET

LOS ANGELES, CA 90012

(213) 974-7691

www.board.co.la.ca.us/blc



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STEVEN AFRIAT

PRESIDENT

RENÉE CAMPBELL

VICE-PRESIDENT

SARA VASQUEZ

SECRETARY

JAMES BARGER

COMMISSIONER

SHAN LEE

COMMISSIONER

May 29, 2014

Faapulou Penu Faletogo
Samoan Federation of America
404 East Carson Street
Carson, CA 90745

HEARING ON APPLICATION FOR BINGO MANAGER **BUSINESS LICENSE ID #141253**

Dear Applicant:

The Business License Commission will hold a hearing on the above matter on **Wednesday, June 11, 2014 at 9:00 a.m.** in Room 374-A, 500 West Temple Street, Los Angeles, CA 90012. Your presence is requested at this hearing. If you are unable to attend you may authorize a representative to appear on your behalf. The representative must present signed and duly notarized letter giving authorization and the reasons you are unable to appear.

RIGHT TO REPRESENTATION / FOREIGN LANGUAGE SPEAKERS

You have the right to be represented at this hearing by an attorney or other individual of your choosing and at your own cost. In the absence of a representative, you must represent yourself and the hearing will proceed as scheduled.

If you require a translator, you must arrange at your own cost to have present at the hearing either **a professional/certified interpreter or other person who is fluent in both English and your native language.** If you are unable to locate an interpreter, please contact our office and you will be provided a list of interpreting services.

Parking is available at your cost; a map is enclosed for your convenience. **Please note proceedings begin promptly at 9:00 a.m. The Business License Commission reserves the right to reschedule your hearing to a later date for failure to timely appear.**

Sincerely,

STEVEN AFRIAT
President

Lupe Duron
Commission Staff

NOTICE TO PRINTER
STATE LAW REQUIRES THAT THIS
LEGAL ADVERTISEMENT SHALL BE SET
IN TYPE NOT SMALLER THAN NONPAREIL (6 PT.)

CUSTOMER CODE : Z 91085

NEWSPAPER :XX XXXX

PUBLISH 3 TIMES

1ST PUBLISHING DATE:.....XXXXXXX
2ND PUBLISHING DATE:.....XXXXXXX
3RD PUBLISHING DATE:.....XXXXXXX

REPRINTS ORDERED: NONE

NOTICE OF HEARING TO CONDUCT

BINGO MANAGER

NOTICE IS HEREBY GIVEN THAT APPLICATION HAS BEEN
MADE TO THE LOS ANGELES COUNTY BUSINESS LICENSE
COMMISSION TO CONDUCT

ADVANCE PROOF REQUESTED

ADDRESS OF PREMISES:.....833 E. TORRANCE BLVD
TORRANCE, CA 90805
NAME OF APPLICANT:.....SAMOAN FEDERATION OF AMERICA /
FAAPULOU PENU FALETOGO
DATE OF HEARING:.....06/11/2014
TIME OF HEARING:.....09:00 A.M.

**“ANY PERSON HAVING OBJECTIONS TO THE GRANTING OF
THE LICENSE MAY, AT ANY TIME PRIOR TO THE DATE ABOVE NAMED, FILE WITH THE BUSINESS
LICENSE COMMISSION HIS OBJECTIONS IN WRITING GIVING HIS REASONS THEREFOR, AND HE
MAY APPEAR AT THE TIME AND PLACE OF THE HEARING AND BE HEARD RELATIVE THERETO”**

OFFICE OF THE COMMISSION:

BUSINESS LICENSE COMMISSION
500 W. TEMPLE STREET, RM 374
LOS ANGELES, CA 90012

RETURN TO:

LOS ANGELES COUNTY TAX COLLECTOR
BUSINESS LICENSE SECTION
225 N. HILL STREET RM. 109
LOS ANGELES, CA 90012



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90012



**BUSINESS LICENSE APPLICATION REFERRAL
SUMMARY SHEET**

KIND OF BUSINESS: **BINGO MANAGER**

ADDRESS OF BUSINESS: **833 E TORRANCE BLVD, TORRANCE, CA 90805**

TELEPHONE:

OWNER OF BUSINESS: **FAAPULOU PENU FALETOGO**

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **SAMOAN FEDERATION OF AMERICA**

MAILING ADDRESS: **404 E CARSON ST, CARSON, CA 90745**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

APPROVED

DATE

SIGNATURE

<input type="checkbox"/>	1. Animal Care & Control			
<input type="checkbox"/>	2. Risk Management			
<input type="checkbox"/>	3. Building & Safety			
<input type="checkbox"/>	4. Fire Department			
<input type="checkbox"/>	5. Public Health			
<input type="checkbox"/>	6. Treasurer & Tax Collector			
<input checked="" type="checkbox"/>	7. Business License Commission			
<input checked="" type="checkbox"/>	8. Sheriff Department	YES	04/16/14	dmiles
<input type="checkbox"/>	9. Regional Planning Commission			
<input type="checkbox"/>	10. Weights and Measures			
<input type="checkbox"/>	11. Publishing			
<input type="checkbox"/>	12. Public Works - EPD			
<input checked="" type="checkbox"/>	13. Sheriff Fingerprint	YES	04/16/14	dmiles

Conditions:



Los Angeles County Treasurer and Tax Collector

Application for Business License



Please note: Business License fees are NOT refundable

Fee: \$ _____

ID # **141253**

BUSINESS INFORMATION

Type of Business: BINGO MANAGER	Address of Business: 833 E. Torrance Blvd Torrance, CA 90805	
DBA (Business Name): SANDAN FEDERATION OF AMERICA	Business Telephone: _____	
Mailing Address: 404 E. CHASON ST CHASON CA 90745		
Sellers Permit # (State Board of Equalization): _____		
Business Ownership Structure: Single Owner _____ Partnership _____ LLC _____ Corporation <input checked="" type="checkbox"/>		
If LLC or Corporation, the information below is required:		
Date of Incorporation: 1994	Incorporated in the State of: _____	
Exact Corporate Name: SANDAN FEDERATION OF AMERICA INC.		
Names of Officers	Addresses	Titles
Leo Pole Faletofo	_____	President
Florence Pou	_____	Board Secretary

APPLICANT INFORMATION

Applicant's Full Name: FAAPULOU PENU FALETOGO		
Home Address: _____		
Home Telephone: _____	Cell Phone: _____	Email address: _____
Social Security #: _____	Date of Birth: _____	Place of Birth: 1
Driver's License or State ID#: _____		Expiration Date: 1/1/15
Male _____ Female <input checked="" type="checkbox"/>	Height: 5' 10"	Weight: 180
Hair Color: Black		Eye Color: Brown

The information contained herein is true and correct to the best of my knowledge and belief. As a condition of the issuance of the business license applied for, I agree to submit any additional information that may be required, to conduct all phases of this business license in accordance with regulations established for such business and to maintain all trucks and/or equipment that may be used in connection therewith in conformance with all applicable laws, ordinances and regulations.

Date: **3/28/14** Applicant's Signature: **FAAPULOU FALETOGO**

Application taken by: **DMB** Date: **3/28/14**

If you suspect fraud or wrongdoing by a County of Los Angeles employee, report it to the fraud hotline at (800) 544-6861

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**91400483
Rick

KIND OF BUSINESS: BINGO MANAGER

ADDRESS OF BUSINESS: 833 E TORRANCE BLVD, TORRANCE, CA 90805

TELEPHONE:

OWNER OF BUSINESS: FAAPULOU PENU FALETOGO

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: SAMOAN FEDERATION OF AMERICA

MAILING ADDRESS: 404 E CARSON ST, CARSON, CA 90745

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**SHERIFF FINGERPRINT
LA COUNTY**☒ APPROVAL☐ DENIAL

RECOMMENDATION:

Approves

SIGNATURE:



DATE:

4-16-14